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CONFIRMATION NO. 2060

<b>SERIAL NUMBER</b> 10/693,498	<b>FILING OR 371(c) DATE</b> 10/27/2003 <b>RULE</b>	<b>CLASS</b> 514	<b>GROUP ART UNIT</b> 1635	<b>ATTORNEY DOCKET NO.</b> 70015.0114USC1
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**APPLICANTS**  
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**\*\* CONTINUING DATA \*\*\*\*\***  
 This application is a CON of 08/738,947 10/24/1996 PAT 6,774,227 which is a CIP of 08/462,350 06/05/1995 ABN  
 which is a CIP of 08/243,342 05/16/1994 ABN  
 which is a CIP of 08/063,399 05/17/1993 ABN

**\*\* FOREIGN APPLICATIONS \*\*\*\*\***

**IF REQUIRED, FOREIGN FILING LICENSE GRANTED\*\* SMALL ENTITY \*\***  
 \*\* 02/24/2004

Foreign Priority claimed <input type="checkbox"/> yes <input type="checkbox"/> no	<b>STATE OR COUNTRY</b> CT	<b>SHEETS DRAWING</b> 7	<b>TOTAL CLAIMS</b> 24	<b>INDEPENDENT CLAIMS</b> 7
35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance				
Verified and Acknowledged	Examiner's Signature <i>AMB</i>	Initials <i>AMB</i>		

**ADDRESS**  
23552

**TITLE**  
Therapeutic uses of factors which inhibit or neutralize MIF activity

<b>FILING FEE RECEIVED</b> 593	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees
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